

Citation	Condition or Requirement
1902(1)(3) of the Act, P.L. 99-509 (Sec. 9401(b))	<p>c. Individuals who are pregnant women described in section 1902(1)(1)(A) of the Act.</p> <p>(i) <u>Treatment of Income</u> The agency uses the same methodologies for treatment of income as used under--</p> <p><input checked="" type="checkbox"/> The State's approved AFDC plan.</p> <p><input type="checkbox"/> The title IV-E approved plan.</p> <p>(ii) <u>Treatment of Resources</u></p> <p><input checked="" type="checkbox"/> The agency uses the same methodologies for treatment of resources as used in the AB, APTD, or AABD programs.</p> <p><input type="checkbox"/> The agency uses methodologies for the treatment of resources that are different from those of AB, APTD, and AABD. These methodologies, which are no more restrictive than those of SSI, are described in Supplement 3 of <u>ATTACHMENT 2.6-A</u>.</p> <p><input type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>
1902(1)(3) of the Act, P.L. 99-509 (Sec. 9401(b))	<p>d. Infants and children described in section 1902(1)(1)(B) through (D) of the Act.</p> <p>(i) <u>Treatment of Income</u> The agency uses the same methodologies for treatment of income as used under--</p> <p><input checked="" type="checkbox"/> The State's approved AFDC plan.</p> <p><input type="checkbox"/> The title IV-E approved plan.</p>

TN No. 87-4  
Supersedes  
TN No. 87-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2004P/0021P

Citation	Condition or Requirement
	(ii) <u>Treatment of resources.</u>
	<input checked="" type="checkbox"/> The agency uses the same methodologies for the treatment of resources as used in the State's approved AFDC plan.
	<input type="checkbox"/> The agency uses methodologies for the treatment of resources that are different from AFDC. The methodologies, which are no more restrictive than those of AFDC, are described in Supplement 3 of <u>ATTACHMENT 2.6-A.</u>
	<input type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.
1902(p)(1)(C) and (D) of the Act, P.L. 99-509 (Section 9403)	e. Qualified Medicare beneficiaries covered under section 1902(a)(10)(E) of the Act--  The agency uses the same methodologies for treatment of income and resources as used in the cash assistance programs for aged and disabled individuals.
436.901	11. Effective Date of Eligibility - Categorically and Medically Needy and Qualified Medicare Beneficiaries  a. Groups other than qualified Medicare beneficiaries  (i) For the prospective period--  Coverage is available for the full month if the following individuals are eligible at any time during the month.  <input checked="" type="checkbox"/> Aged, blind, disabled.  <input checked="" type="checkbox"/> AFDC-related.

TN No. 87-4  
Supersedes  
TN No. 87-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2004P/0021P

Citation	Condition or Requirement
	Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.  <input type="checkbox"/> Aged, blind, disabled.  <input type="checkbox"/> AFDC-related.
(ii)	For the retroactive period  Coverage is available for three months before the date of application if the following individuals are eligible.  <input type="checkbox"/> Aged, blind, disabled.  <input type="checkbox"/> AFDC-related.
	Coverage is available beginning the first day of the third month before the date of application if the following individuals are eligible at any time during the month.  <input checked="" type="checkbox"/> Aged, blind, disabled.  <input checked="" type="checkbox"/> AFDC-related.

TN No. 87-4  
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TN No. 82-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2004P/0021P

Citation	Condition or Requirement
1902(b)(1) of the Act, P.L. 99-509 (Section 9407)	(iii) For a presumptive eligibility period for pregnant women only--  Coverage is available for ambulatory prenatal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan and ends on the earlier of the day the State agency makes a determination of eligibility for Medicaid or 45 days after the qualified provider makes the income eligibility determination. The woman must file an application for Medicaid with the State agency within 14 calendar days after the date on which the qualified provider makes the presumptive eligibility determination.
1902(e)(8) and 1905(a) of the Act, P.L. 99-509 (Section 9403(f) and (g)(3))	b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The determination is valid for--  <input checked="" type="checkbox"/> 12 months  <input checked="" type="checkbox"/> 6 months  <input checked="" type="checkbox"/> __ months (no less than 6 months and no more than 12 months).

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Effective Date 2/1/89

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## ELIGIBILITY AND PAYMENT MANUAL

504 STANDARD MONTHLY SCHEDULE FOR BASIC INDIVIDUAL REQUIREMENTS

BANC

FAMILY MEMBERS  
IN  
ASSISTANCE UNIT

	FOOD	CLOTHING	PERSONAL	HOUSEHOLD	TOTAL
1	94.00	33.00	7.00	17.00	151.00
2	187.00	41.00	9.00	21.00	258.00
3	246.00	49.00	10.00	25.00	330.00
4	312.00	61.00	13.00	31.00	417.00
5	371.00	73.00	16.00	37.00	497.00
6	445.00	85.00	19.00	43.00	592.00
7	492.00	96.00	21.00	49.00	658.00
8	562.00	107.00	23.00	54.00	746.00
9	633.00	117.00	25.00	59.00	834.00
10	703.00	126.00	27.00	64.00	920.00
11	773.00	136.00	29.00	70.00	1,008.00
12	843.00	146.00	31.00	76.00	1,096.00
13	913.00	156.00	33.00	82.00	1,184.00
14	983.00	166.00	35.00	88.00	1,272.00
15	1,053.00	176.00	37.00	94.00	1,360.00

For each  
additional  
member add...

+70.00 +10.00 + 2.00 + 6.00 + 88.00

NOTE: Recipients who are institutionalized will be provided \$40.00 only for clothing and personal needs in lieu of the above standards.

505 SPECIAL NEEDS

## A) SHELTER

<u>Number of Persons in Assistance Unit</u>	<u>Maximum Monthly Allowance</u>
1 - 2	\$ 200
3 - 6	\$ 250
7 and over	\$325

Shelter payments shall be authorized for rental/mortgage payments based on the actual cost up to the maximum allowance for each family size, when proper verification is provided. In no event shall payment exceed the maximum standard. The proration of shelter allowance shall occur when households have disqualified IPV member(s).

P.M. 95-25

## ELIGIBILITY AND PAYMENT MANUAL

## 506 STANDARD UTILITY ALLOWANCE TABLE

Household Size	Power (Elec.)	Water	Sewer	Fuel (Gas/Kerosene/Oil)	Telephone	Shelter
01	35.00	8.00	8.00	6.00	12.00	200.00
02	43.00	10.00	8.00	6.00	12.00	200.00
03	51.00	12.00	8.00	10.00	12.00	250.00
04	64.00	15.00	8.00	10.00	12.00	250.00
05	77.00	18.00	8.00	12.00	12.00	250.00
06	89.00	21.00	8.00	13.00	12.00	250.00
07	101.00	24.00	8.00	13.00	12.00	325.00
08	112.00	27.00	8.00	21.00	12.00	325.00
09	122.00	29.00	8.00	21.00	12.00	325.00
10	132.00	31.00	8.00	21.00	12.00	325.00
11	142.00	34.00	8.00	21.00	12.00	325.00
12	152.00	37.00	8.00	21.00	12.00	325.00
For each additional member add	+10.00	+3.00	+0.00	+0.00	+0.00	+0.00

## Note:

When living arrangements are shared with other PA households or with non assistance unit, utility allowances (power, water, fuel (gas/kerosene/oil), telephone and sewer) will be equal to the standard allowance for the AU size for each utility expense incurred by the assistance unit. The allowance for telephone and sewer will not be split or prorated and shall be budgeted to one (1) assistance unit only. The proration of utility allowance only occurs when households have disqualified member(s).

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PM 95.25

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ELIGIBILITY AND PAYMENT MANUAL

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A shelter allowance shall be provided only in the month the expense is billed or otherwise becomes due, regardless of when the household intends to pay the expense. For example, rent which is due each month shall be included in the household's shelter allowance even if the household has not yet paid the expense. Amounts carried forward from past billing periods are not provided for, even if included with the most recent billing and actually paid by the household. In any event, a particular expense may only be budgeted once.

For non-reporting households, <sup>be</sup> the shelter and utility allowance shall be based on the documents or verification provided in the case record as of last recertification. ESEs are not required to contact the household to determine the amounts to be budgeted until next recertification.

For GHURA rental contracts, the ES shall at the time of new application, recertification or reapplication, use the contract to determine what rental amount the recipient is responsible for paying. If the recipient has not yet paid for rent, he shall be required to obtain from the landlord, a statement indicating the rental amount due from the recipient for which month.

One time expense such as Land Lease or Real Property Tax payments which is charged on annual basis, shall be budgeted as shelter allowance in the month the expense incurred or otherwise becomes due. ES shall no longer prorate such shelter allowance within the 12 or 6 months period. Tickler code "C" shall be used to flag the on-line system to ensure that such actual shelter allowance shall be provided only in the month the expense incurred or becomes due. In order for such expense to be allowed, the ES shall require applicant or recipient to submit payment receipts or a copy of Land Use Permit Agreement, signed by the Department of Land Management.

B) Utility Allowance

The standard (maximum) allowance for utility expenses (power, water, fuel (gas/kerosene/oil), telephone and sewer) incurred by a PA household will be budgeted according to household size. When living arrangements are shared with other PA household or with non-PA household, utility allowances will be equal to the standard allowance for the AU size for each utility expenses incurred by the assistance unit, except for basic telephone and sewer expenses (which do not fluctuate according to household size). The allowance for telephone and sewer will not be split or prorated and shall be budgeted to one (1) assistance unit only. The proration of utility allowance shall occur when households have disqualified IPV member(s).

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## ELIGIBILITY AND PAYMENT MANUAL

When any of the utility needs are subsidized by the Guam Housing and Urban Renewal Authority (GHURA), the ES shall include the subsidy amount as unearned income and give the allowances for utility needs when determining the need and amount of the public assistance grant.

For example:

Mr. Cruz, a recipient of OAA, has a power expense of \$45.00, and water/sewer expense of \$12.00 and \$8.00 respectively. When computing Mr. Cruz's total needs, the ES shall provide:

BASIC NEEDS	\$ 60.00
POWER ALLOWANCE	\$ 35.00
SEWER ALLOWANCE	\$ 8.00
WATER ALLOWANCE	\$ 8.00
TOTAL NEEDS	\$111.00

NOTE: Because actual power and water expenses are greater than the maximum standard for a household size of one (1), the maximum amount was provided to Mr. Cruz.

## 1) POWER (Electricity):

Number of persons  
in Assistance Unit

Maximum Monthly  
Allowance

1	\$ 35.00
2	\$ 43.00
3	\$ 51.00
4	\$ 64.00
5	\$ 77.00
6	\$ 89.00
7	\$ 101.00
8	\$ 112.00
9	\$ 122.00
10	\$ 132.00
11	\$ 142.00
12	\$ 152.00
13 and over plus \$10.00 for each additional member.	

## 2) WATER:

Number of persons  
in Assistance Unit

Maximum Monthly  
Allowance

1	\$ 8.00
2	\$ 10.00
3	\$ 12.00
4	\$ 15.00
5	\$ 18.00
6	\$ 21.00
7	\$ 24.00
8	\$ 27.00
9	\$ 29.00
10	\$ 31.00
11	\$ 34.00
12 or more add \$3.00 for each additional member	



## ELIGIBILITY AND PAYMENT MANUAL

## 3) FUEL (Gas/Kerosene/Oil):

Number of Persons  
in Assistance UnitMaximum Monthly  
Allowance

1 - 2	\$ 6.00
3 - 4	\$10.00
5	\$12.00
6 - 7	\$13.00
8 and over	\$21.00

Fuel allowance shall only be provided to the assistance unit if such expense is incurred. In no event such allowance exceeds the maximum standard for each family size.

## 4) TELEPHONE:

The basic (flat) rate for a single-line telephone is \$12.00. This shall be the allowance provided to one household only which incurred this expense. Any additional expenses which exceed the basic rate for telephone shall not be budgeted.

## 5) SEWER:

The basic (flat) rate for this utility is \$8.00. This shall be provided to one households only which claim and present verification for this expense.

## 506 STANDARD UTILITY ALLOWANCE TABLE

Household Size	Power (Elec.)	Water	Sewer	Fuel (Gas/Kerosene/Oil)	Telephone	Shelter
01	35.00	8.00	8.00	6.00	12.00	200.00
02	43.00	10.00	8.00	6.00	12.00	200.00
03	51.00	12.00	8.00	10.00	12.00	250.00
04	64.00	15.00	8.00	10.00	12.00	250.00
05	77.00	18.00	8.00	12.00	12.00	250.00
06	89.00	21.00	8.00	13.00	12.00	250.00
07	101.00	24.00	8.00	13.00	12.00	325.00
08	112.00	27.00	8.00	21.00	12.00	325.00
09	122.00	29.00	8.00	21.00	12.00	325.00
10	132.00	31.00	8.00	21.00	12.00	325.00
11	142.00	34.00	8.00	21.00	12.00	325.00
12	152.00	37.00	8.00	21.00	12.00	325.00
For each additional member add	+10.00	+3.00	+0.00	+0.00	+0.00	+0.00